STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL099009	B. WING		05/0	9/2016
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
PINEBRO	OOK RESIDENTIAL C	FNTFR 1	RISON AVEN LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
C 000 Initial Comments  Report of Biennial Construction Survey by Dennis Harrell on 5-9-2016.  Records indicate this facility was first licensed as a Home for the Aged serving 54 residents on 12-1-1958. A gabled roof and central air conditioning was added to the flat- roof structure on or about 3-30-2001. Therefore the facility is required to meet the 1958 North Carolina State Building Code, the 1996 North Carolina Mechanical Code (1999 Edition), the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.  C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS		C 101				
	care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effection of the requirements for addition or renovation, or alterative requirements for addition or renovation than those requirements in the requirements for addition or renovation and Desirements for "Home and Desirements for "	otherwise specified, existing portions of existing licensed licensure and code licensure and code ect at the time of construction, or bed count, addition, ation; however in no case shall or any licensed facility where vation has been made, be less ments found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of ulation at no cost;				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
PINEBRO	OOK RESIDENTIAL C	FNTFR 1	RISON AVEN			
		YADKINVI	LLE, NC 27		ONI	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101			
C 101	Based on observation the requirements for and Desired Standa "Homes for the Age Findings:  1. There was not a facility into two fire accordance with the Standards and Reg Aged and Infirm" So that the corridor has between one hour for doors therein. Con Inspector to determ Construction of the project review by the construction of the construction of the project review by the construction of the constructio	on, the facility does not meet ound in the 1971 "Minimum ards and Regulations" for ed and Infirm".  If the partition separating the compartments. This is not in a 1971 "Minimum and Desired gulations" for "Homes for the ection C311(2) which requires is no more than 150' feet the partitions and smoke stop tact your local Building gine if a permit is required. If the fire rated partition may require the DHSR Construction Section.  The detecting device (a heat or enected to the existing fire ided in the following spaces; without, office, to Administrator's office, to Administrator's office, office suite,  I dance with the 1971 "Minimum and and Regulations" for ed and Infirm " Section C4a(1) in system with complete  The facility does not meet ound in the 1971 "Minimum ands and Regulations" for ed and Infirm ".	C 101			
	"Homes for the Age This would result in resident who it wou					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED	
HAL099009		B. WING		05/0	09/2016		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PINEBR	OOK RESIDENTIAL C	ENTER 1		RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 101	not in accordance we Desired Standards for the Aged and Interequires that the cowith a capacity of 3  4. The exit doors we This is not in accordant Desired Standa "Homes for the Age which requires exit homes with a capacity of the Age which requires exit homes with a capacity of the Age wide. This is not in "Minimum and Des Regulations" for "His Section C3d(4) which is section C3d(4) which is section in the Age wide.	ere only 6 feet wide. with the 1971 "Minimuland Regulations" for firm" Section C3I1(2) rridor be 8 feet wide 0 or more.  were less than 44 inchedance with the 1971 and and Infirm" Section doors to be 44 inchedity of 30 or more.  soors were less than 4 accordance with the	um and "Homes which in homes nes wide. "Minimum " for n C3I1(8) s wide in 4 inches 1971 nd Infirm" doors to	C 101			
C 111	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION( f) The facility shall fire and building sat shall be maintained review.  This Rule is not me Based on a review Fire Marshal's inspect 11-12-2014. Building that are not inspect	DESIGN AND have current sanitative fety inspection reported in the home and available.	on and s which ailable for  ost recent ed rstems nually as	C 111			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
PINEBRO	OOK RESIDENTIAL C	FNTFR 1	RISON AVEN ILLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
C 189	FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not me Based on observati unsealed after the in in the corridor bath drains allow noxiou possibly harmful ba	oe HOUSEKEEPING AND es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing	C 189			
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, several heat detectors had been painted. Heat detectors that have been painted may not work properly in a fire and must be replaced. Painted detectors include: a. Dining room (2),						

Division of Health Service Regulation STATE FORM

ATE FORM 6899 1BN921 If continuation sheet 4 of 6

DIVISION	of Health Service Re	guiation	1		r	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
HAL099009			B. WING		05/0	9/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DINEDDA	OOK DECIDENTIAL C	ENTER 4 244 HARF	RISON AVEN	UE		
PINEBRU	OOK RESIDENTIAL C	YADKINV	LLE, NC 27	055		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	b. Hopper room.					
	the clean linen room the ceiling. Improp	rvation, the heat detector in n was not properly mounted to erly mounted heat detectors g in the event of a fire.				
	3. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.  Findings include;  a. Bedroom 102 will not latch,  b. Bedroom 108 will not latch, c. Bedroom 110 will not close and latch, e. Bedroom 111 will not close and latch, f. Door to the Blue Bath not fitting well enough to be smoke resisting, g. Door to bedroom 107 propped open.					
	approximately 3 ft, and probably rotted  5. Based on intervi 2 draft stop walls in least 3 attic spaces is only one attic accomust be protected vis required to each	•				
	6. Based on observation, there was no key onsite to allow entry into the corridor bath beside room 101. With no key available, we could not enter to survey for hazards in the space.					

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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PINEBRO	OOK RESIDENTIAL C	FNTFR 1	RISON AVEN			
		YADKINVI	LLE, NC 27		201	0.4-0
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 199	Continued From pa	ge 5	C 199			
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per in requirement does in before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app.  This Rule is not me Based on observati maintain required e Non-functioning exlunhealthy buildup obacteria. Finding includes;	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in inces: rage; toilet rooms; closets; and apply to new and existing apply to existing facilities.				